

Index of Claims

Application No.

09/944,109

Examiner

Tim Heitbrink

Applicant(s)

BABIN, DENIS

Art Unit

1722

<input checked="" type="checkbox"/>	Rejected
<input type="checkbox"/>	Allowed

<input type="checkbox"/>	(Through numeral) Cancelled
<input checked="" type="checkbox"/>	Restricted

<input type="checkbox"/>	Non-Elected
<input checked="" type="checkbox"/>	Interference

<input type="checkbox"/>	Appeal
<input checked="" type="checkbox"/>	Objected

Claim	Date
Final	
Original	5/28/04
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Claim	Date
Final	
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Claim	Date
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